# TO: METROPOLITAN CAMPUS COMMITTEE ON ACADEMIC RANK

APPLICATION FOR ADVANCEMENT IN RANK FROM

ASSOCIATE PROFESSOR TO PROFESSOR

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| Name |  | | | | |
| Major Teaching Area | |  | | | |
| Date Initially Employed Full-Time | | |  | | |
| Date of Receipt of Rank of Associate Professor | | | |  | |
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| I certify the information contained in this application is true and accurate, to the best of my knowledge. | | | | | |
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| Signature | | | | | Date |
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| \_\_\_\_ Copy to Assistant Dean *(Counseling, Library*) | | | | | |
| and/or | | | | | |
| \_\_\_\_ Copy to Associate Dean | | | | | |

Promotion in Rank

APPLICATION: ASSOCIATE PROFESSOR TO PROFESSOR

**\*Educational Criteria: (Check as appropriate)**

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| \_\_\_\_\_ Earned Doctorate | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | | Institution | |
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| Date Awarded | | Major Area of Study | |
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| \_\_\_\_\_ Master’s Degree | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | | Institution | |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Date Awarded | | Major Area of Study | |
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| \_\_\_\_\_ Bachelor’s Degree | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Date Awarded | | Major Area of Study | |
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| **\*Legal or Professional License** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | | Awarding Agency | |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Date Received | | Name of License | |
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| Plus Forty-Five Additional Semester Hours\* | |  | |
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| Areas of Study | | | |
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| **Institution(s)** | | **Date(s)** | **Hours** |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***\*Attach copies of transcripts and/or license to support the above.*** | | | |

**Teaching or Professional Experience**

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| **Dates** | **Position(s)** |
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| **Other Related Work Experience** |  |
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| **Dates** | **Description** |
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**Statement of Evidence of Excellence in Teaching or Excellence in Professional Assignment**

This statement must cover time period extending from the date the rank of Associate Professor was granted until the present.

[Completion of three of the following pages: 5-9]

(Use additional sheet(s) and attachments as appropriate.)

**Evidence of Outstanding Achievement in:**

Service to the College through assistance to students outside the classroom, such as advising student groups.

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| **Dates** | **Achievements** |
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(Use additional sheet(s) and attachments as appropriate.)

**Evidence of Outstanding Achievement in:**

Service to the College through published scholarly materials or unpublished materials for Collegewide educational use.

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| **Dates** | **Achievements** |
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(Use additional sheet(s) and attachments as appropriate.)

**Evidence of Outstanding Achievement in:**

Service to the College through significant participation in professional and educational organizations through active membership and/or service as an officer or leader in conferences, workshops, and conventions.

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| **Dates** | **Achievements** |
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(Use additional sheet(s) and attachments as appropriate.)

**Evidence of Outstanding Achievement in:**

Service to the College through significant participation on campus wide or Collegewide committees.

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| **Dates** | **Achievements** |
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(Use additional sheet(s) and attachments as appropriate.)

**Evidence of Outstanding Achievement in:**

Service which reflects favorably upon the College through participation in the Greater Cleveland area as a speaker, advisor, or as an active member in community groups.

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| **Dates** | **Achievements** |
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(Use additional sheet(s) and attachments as appropriate.)

**COMMITTEE RECOMMENDATION**

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| Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| is hereby \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Recommended/Not Recommended |
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| for promotion in academic rank from |
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ASSOCIATE PROFESSOR TO PROFESSOR

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| Rationale and Summary Statement: | | | | |
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| Committee: |  |  | |  |
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| Members: |  |  | | |  |
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**ASSOCIATE** **DEAN’S RECOMMENDATION**

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| Applicant: |  |
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ASSOCIATE PROFESSOR TO PROFESSOR

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| Rationale and Summary Statement: | | | |
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| Associate Dean | | Date | |
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**DEAN’S RECOMMENDATION**

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| Applicant: |  |
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|  | Recommended/Not Recommended |
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| for promotion in academic rank from | |
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ASSOCIATE PROFESSOR TO PROFESSOR

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